(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	∋ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
		į

Office Use Only

G. MCLEOD

AUG 12 2009

EXAMINER



500158253625

07/16/09--01007--011 **130.00

MH 6: 59

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT:		
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida		
Please return all correspondence concerning this matter to the following:		
Michelle Sweatt Name of Person		
Business Support Inc.		
417 Stowe Ave., Ste.A		
Orange Park FL, 32003 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Michelle Suratt at 904 264-1289 Name of Person Area Code & Daytime Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\ \times \text{\$130.00 Filing Fee & Certificate of Status} \text{\$155.00 Filing Fee & Status & Certified Copy} \text{\$160.00 Filing Fee, Certificate of Status & Certified Copy}		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Limited imited Liability Company, (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") company is organized) (Duration: Year limited liability company will cease to exist or "perpetual") 6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) (Street Address of Principal 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
Innovative Builders, LC	grapha
	Age Man
If unavailable, the alternate to be used in the state of Florida is:	
John Freitas UC	
	- 4
2. The name and the Florida street address of the registered agent and office are:	•
· · · · · · · · · · · · · · · · · ·	, stage
John Weitar	· · · · · · · · · · · · · · · · · · ·
(Name)	, ,
2122 Propakinten Cin	
Plorida Street Address (P.O. Box NOT ACCEPTABLE)	2. F
	, , , , =
Sarasota E 31231	. ,
City/State/Zip	·
	1.00
Having been named as registered agent and to accept service of process for the above sta	ted limited
liability company at the place designated in this certificate, I hereby accept the appointme	nt as registered
agent and agree to act in this capacity. I further agree to comply with the provisions of al	l statutes
relating to the proper and complete performance of my duties, and I am familiar with and obligations of my position as registered agent as provided for in Chapter 608, Florida Sta	accept the
ourguints by my position as registered agent as provided for in crapios ood, a sortial and	
(Signature)	***
	3

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent Certified Copy (optional)

Certificate of Status (optional)

30.00

5.00

STATE OF MISSOURI



Robin Carnahan Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

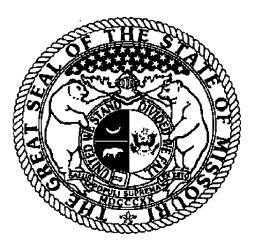
I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

INNOVATIVE BUILDERS, LC LC0866834

was created under the laws of this State on the 12th day of January, 2008, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 1st day of July, 2009

Secretary of State



Certification Number: 11894663-1 Reference:

Verify this certificate online at http://www.sos.mo.gov/businessentity/verification